

**APPLICATION FOR SPECIAL PURPOSE-POSSESSION PERMIT**  
**Louisiana Department of Wildlife & Fisheries**

APPLICATION DATE:		PERMIT # ASSIGNED LAST YEAR: (IF APPLICABLE)	
APPLICANT'S NAME:			
OFFICIAL TITLE/AFFILIATION: (IF APPLICABLE)			
ADDRESS:			
CITY/STATE:		ZIP CODE:	PARISH:
TELEPHONE #:		FAX #:	
PERMIT REQUESTED FOR THE PURPOSE OR POSSESSION OF:			
DESCRIPTION OF HOUSING/STORAGE ARRANGEMENTS:			
SUBPERMITTEE(S) :			
<p>I have been advised and do understand that by applying for and accepting a permit issued by the Louisiana Department of Wildlife &amp; Fisheries, I am being allowed to engage in an activity which would otherwise be prohibited by law or for which a permit is required. I understand that the permit is not a license and confers no property right upon me. I specifically agree to abide by all State and Federal wildlife laws and regulations, and all State and Federal laws and regulations which relate to this permit or the permitted activity, and by all other terms and conditions of this permit. I understand that the permit for which I am applying may be suspended, canceled or revoked at anytime by the Louisiana Department of Wildlife &amp; Fisheries. I agree to immediately surrender the permit issued to me upon demand made upon me by any authorized employee of the Louisiana Department of Wildlife &amp; Fisheries. I understand that my failure to fully and completely comply with the laws, regulations, terms and conditions referred to herein could result in the immediate suspension, cancellation or revocation of this and other permits issued to me by the Dept. and that I may be denied future permits as a consequence of my actions. I understand and agree that any permit issued to me by the Louisiana Department of Wildlife &amp; Fisheries is in the nature of a privilege which is being voluntarily extended to me by the Department and the failure on my part to cooperate fully and completely with the Department or its employees can result in the loss of the privilege conferred and the denial of future requests for permits. By accepting this permit, I evidence my agreement to be bound by all conditions and stipulations set forth herein.</p>			
SIGNATURE OF APPLICANT:		DATE:	

**LOUISIANA DEPARTMENT OF WILDLIFE & FISHERIES  
SPECIAL PURPOSE-POSSESSION PERMIT INFORMATION**

1. This permit will not exempt permittee from any regulations imposed by other state, federal, parish or municipal agencies.
2. A Federal Special Purpose permit is required to possess any species covered by the Migratory Bird Treaty Act (List of Migratory Birds 50 CFR 10.13) <http://www.fws.gov/forms/3-200-10c.pdf>
3. All permits shall expire on December 31 of the year of issue unless otherwise noted. The Department may impose time limits and other restrictions on the duration of any collection permit.
4. An annual report giving a detailed description and inventory of all individual species is due within 30 days following expiration of this permit.
5. Information to be included in the annual report:
  1. Name and permit number of the permittee
  2. Name and location of each individual species possessed
  3. Date(s) of possession
  4. Reason for possession
  5. Method of collection
  6. Housing/Storage Description (including dimensions of all cages and aviaries)
6. Sale of any organisms collected under this permit or their progeny is prohibited.
7. No item collected under this permit may be used for human consumption, unless specifically approved.
8. Permits are non-transferable but may be issued in more than one person's name.
9. Student requests will require endorsement of a professor. Applications must be drafted on official college or university stationary.
10. No alligators may be collected with this permit.
11. No Federally-listed species may be collected with the permit, unless specifically noted.
12. No S1-ranked species may be taken with the permit, unless specifically noted.

<http://www.wlf.louisiana.gov/wildlife/rare-animals-fact-sheets>

**RETURN COMPLETED APPLICATION TO:**

**LOUISIANA DEPARTMENT OF WILDLIFE & FISHERIES  
WILDLIFE DIVISION  
ATTN: JOHN LESLIE  
P.O. BOX 98000  
BATON ROUGE, LA 70898-9000  
(225) 763-8584 / FAX (225) 765-0948**